

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | Wellcare Liberty 1-866-527-0057 | Wellcare Access 1-866-527-0057 | WellCare Imperial 1-866-527-0057 | | Fidelis Dual Advantage 1-888-343-3547 | Fidelis Dual Advantage Flex 1-888-343-3547 |
|----------------------------|--|------------------------------------|-----------------------------------|-------------------------------------|-----------|--|---|
| | | (HMO SNP) | (HMO SNP) MA & QMB | (PPO-SNP) | | (HMO SNP) | (HMO SNP) MA & QMB |
| PREMIUMS | \$148.50 | \$0 | \$0 | \$0 | | \$0 | \$0 |
| Deductible | \$203 | \$0 | \$0 | IN | OUT | \$0 | \$0 |
| PCP Visits | 20%** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Wellness exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Specialty Visits | 20%** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Outpatient Mental Health | 40% | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Outpatient Substance Abuse | 20 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Outpatient Surgery | 20% ** | \$0 | \$0 | \$0 | \$0-\$120 | \$0 | \$0-20% |
| Emergency Care | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% Worldwide |
| Urgent Care | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% Worldwide |
| Ambulance Services | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Durable Medical Equipment | 20% ** (must use supplier enrolled w/Medicare) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Prosthetic Devices | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Diagnostic Radiology | 20% | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| X Rays | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Lab Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Dialysis | 20% | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Radiation Therapy | 20% | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Chiropractic Care | limited coverage 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | Wellcare Liberty 1-866-527-0057 | Wellcare Access 1-866-527-0057 | WellCare Imperial 1-866-527-0057 | | Fidelis Dual Advantage 1-888-343-3547 | Fidelis Dual Advantage Flex 1-888-343-3547 |
|-------------------------------|--|--|-----------------------------------|-------------------------------------|-----------------------------------|--|---|
| | | (HMO SNP) | (HMO SNP) MA & QMB | (PPO-SNP) | | (HMO SNP) | (HMO SNP) MA & QMB |
| PREMIUMS | \$148.50 | \$0 | \$0 | \$0 | | \$0 | \$0 |
| Deductible | \$203 | \$0 | \$0 | IN | OUT | \$0 | \$0 |
| Transportation | NOT COVERED | \$0 (12 one-way trips/yr for RX and fitness locations) | NOT COVERED | \$0 copay for 12 one-way trips/yr. | 75% copay for 12 one-way trips/yr | \$0 | \$0 (10 one-way or 5 r/t trips/yr) |
| Medically Necessary Foot Care | limited coverage 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Routine Foot Care | NOT COVERED | Not Covered | Not Covered | \$0 | \$0 | \$0 | \$0-20% |
| P.T.,O.T. and Speech Therapy | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Inpatient Hospital | \$1,484 deductible | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 or \$1,408 deductible for days 1-60; \$352/day for days 61-90 \$704/day for days 91-150 |
| Inpatient Mental Health* | \$1,484 deductible | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Skilled Nursing | \$0 days 1-20, \$185.50 days 21-100 | \$0/day days 1-100 | \$0/day days 1-100 | \$0/day for days 1-100 | \$0/day for days 1-100 | \$0/day days 1-100 | \$0/day for days 1-20 \$184/day for days 21-100 |
| Home Health Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Mammograms | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Bone Mass | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Colorectal Screening Exams | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Flu, Pneumonia & Hepatitis B | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | Wellcare Liberty 1-866-527-0057 | Wellcare Access 1-866-527-0057 | WellCare Imperial 1-866-527-0057 | | Fidelis Dual Advantage 1-888-343-3547 | Fidelis Dual Advantage Flex 1-888-343-3547 |
|--------------------------------|---|---|---|--|--|--|--|
| | | (HMO SNP) | (HMO SNP) MA & QMB | (PPO) | | (HMO SNP) | (HMO SNP) MA & QMB |
| PREMIUMS | \$148.50 | \$0 | \$0 | \$0 | | \$0 | \$0 |
| Deductible | \$203 | \$0 | \$0 | IN | OUT | \$0 | \$0 |
| Prescription Drugs | 0%-20% Part B covered only; NO PART D | \$0/\$1.30/\$3.70/\$4.00/\$9.20; \$0-Part B | \$0/\$1.30/\$3.60/\$3.70/\$9.20 \$0-Part B | Copays \$0/\$1.30/\$3.70/\$4.00/\$9.20/ 15%; \$0 for Part B Drugs | Copays \$0/\$1.30/\$3.70/\$4.00/\$9.20/ 15%; \$0 for Part B Drugs | Copays \$0/\$1.30/\$3.60/\$3.90/\$8.95; \$0-Part B | Copays \$0/\$1.30/\$3.60/\$3.90/ \$8.95; \$0-Part B: |
| Vision Services | 20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics | \$0 Exams;\$100 routine eyewear allowance | \$0 Exams;\$200 routine eyewear allowance | \$0 exam; \$200/yr max for eyewear coverage | 40% exam; 40% copay for \$200/yr max eyewear coverage | \$0 :post cataract glasses/contacts;\$0: glasses/contacts every two years;\$0:Medicare covered exam yearly | \$0 :post cataract glasses/contacts;\$0: glasses/contacts yearly; \$0:Medicare covered routine exam |
| Hearing Services | 40% + Medically necessary exams only no aides | \$0 Exams \$1,500 Hearing Aid Allowance for 2 aid | \$0 Exams \$1,500 Hearing Aid Allowance for 2 aids | \$0 exam; \$2,000 max for 2 aids | 40% exam; \$2,000 max for 2 aids | \$0 Routine Exams | \$0-20% Routine Exams |
| Diabetic training and supplies | 20% | \$0 | \$0 | \$0 | \$0 | \$0 | \$0-20% |
| Dental Coverage | limited coverage | \$0: 2 Exams, 2 Cleanings per yr, 1 x-ray every 1-3 yrs; \$500/yr max | \$0: 2 Exams, 2 Cleanings per yr, 1 x-ray every 1-3 yrs; \$1,000/yr max | \$0 copay for \$1,000/yr max preventive and comprehensive | 50% copay for \$1,000/yr max for preventive and comprehensive | \$0 Exam, Cleaning, Flouride Treatment 1x/yr, X-ray every 2 yrs. | Limited; \$0 Exam & Cleaning 1/yr; X-ray every 2 yrs.; sedation; no flouride (DentaQuest providers only) |
| Over The Counter | | \$425/month OTC card | \$425/month OTC card | \$240/qtr OTC card; \$750/yr Flex | | \$25/month OTC card | \$105/month OTC card |
| With full LIS | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| With full LIS & EPIC | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Max Out Of Pocket | | \$3,450 | \$7,550 | \$3,450 | \$5,150 | \$7,550 | \$7,550 |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | United Health Care Dual Complete 1-877-505-9101 | United Healthcare NHP 1-877-505-9101 | Centers Plan NHC 1-844-274-5227 | Independent Health Medicare Family Choice 716-635-4900 | Nacentia 1-888-477-4663 |
|-------------------------------|--|---|--|---------------------------------------|---|----------------------------|
| | | (HMO SNP) MA & QMB | Institutional with MA | Institutional with MA | Institutional with MA | HMO SNP |
| PREMIUMS | \$148.50 | \$0 | \$0 | \$0 | \$42.30 | \$0 |
| Deductible | \$203 | \$0 | \$0 | \$0 | \$0 | \$0 |
| PCP Visits | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 |
| Wellness exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Specialty Visits | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Mental Health | 40% | \$0 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Substance Abuse | 20 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Surgery | 20% ** | \$0 | \$0 | \$0 | 10% | \$0 |
| Emergency Care | 20% ** | \$0 (worldwide) | \$0 | \$0 | \$90 | \$0 |
| Urgent Care | 20% ** | 0 (worldwide) | \$0 | \$0 | \$0 | \$0 |
| Ambulance Services | 20% ** | \$0 | \$0 | \$0 | \$55 ground 20% air | \$0 |
| Durable Medical Equipment | 20% ** (must use supplier enrolled w/Medicare) | \$0 | \$0 | \$0 | 10% | \$0 |
| Prosthetic Devices | 20% ** | \$0 | \$0 | \$0 | 10% | \$0 |
| Diagnostic Radiology | 20% | \$0 | \$0 | \$0 | 10% | \$0 |
| X Rays | 20% ** | \$0 | \$0 | \$0 | 10% | \$0 |
| Lab Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Dialysis | 20% | \$0 | \$0 | \$0 | \$0 | \$0 |
| Radiation Therapy | 20% | \$0 | \$0 | \$0 | 10% | \$0 |
| Chiropractic Care | limited coverage 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | United Health Care Dual Complete 1(877) 505-9101 | United Healthcare NHP 1(877) 505-9101 | Centers Plan NHC 1-844-274-5227 | Independent Health Medicare Family Choice 716-635-4900 | Nacentia 1-888-477-4663 |
|----------------------------------|--|--|---|--|---|----------------------------|
| | | (HMO SNP) MA & QMB | Institutional with MA | Institutional with MA | Institutional with MA | HMO SNP |
| PREMIUMS | \$148.50 | \$0 | \$0 | \$0 | \$42.30 | \$0 |
| Deductible | \$203 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Transportation | NOT COVERED | Not Covered | \$0 (18 one-way trips/yr) | Not Covered | \$0 (36 one-way trips/yr) | \$0 (24 one-way trips/yr) |
| Medically Necessary Foot Care | limited coverage 20% ** | \$0 | \$0 | \$0: exams/ treatment for diabetes-related nerve damage | \$0 | \$0 |
| Routine Foot Care | NOT COVERED | \$0 (4 visits/yr) | \$0 (2 visits/yr) | \$0 (10 visits/yr) | \$0 | |
| P.T.,O.T. and Speech Therapy | 20% ** | \$0 | \$0 | \$0 | \$0 | \$0 |
| Inpatient Hospital | \$1,484 deductible | \$0 | \$0 | \$0 | \$200/stay \$600 annual limit | \$0 |
| Inpatient Mental Health* | \$1,484 deductible | \$0 | \$0 | \$0 | \$0 | \$0 |
| Skilled Nursing | \$0 days 1-20, \$185.50 days 21- 100 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Home Health Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Mammograms | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Bone Mass | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Colorectal Screening Exams | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Flu, Pneumonia & Hepatitis B | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | United Health Care Dual Complete 1(877) 505-9101 | United Healthcare NHP 1(877) 505-9101 | Centers Plan NHC 1-844-274-5227 | Independent Health Medicare Family Choice 716-635-4900 | Nacentia 1-888-477-4663 |
|-----------------------------------|---|--|--|---|--|---|
| | | (HMO SNP) MA & QMB | Institutional with MA | Institutional with MA | Institutional with MA | HMO SNP |
| PREMIUMS | \$148.50 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Deductible | \$203 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Drugs | 0%-20% Part B covered only; NO PART D | Copays \$0/\$0/\$0/\$0/\$0/0% Part B: \$0 | Copays \$0/\$1.30/\$3.70/ \$3.90/\$9.20/15% Part B: \$0 | Copays 20% Part B: \$0 | Copays \$4/\$15/25%/25%/ 33% Part B: \$0 | Copays \$0/\$1.30/\$3.90 Part B: \$0: Up to \$1,560/yr over the counter drug benefit |
| Vision Services | 20% + for 1 pair glasses/frames/cont act lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics | \$0 Exams, \$0 Post Cataract Eyewear, \$0 every 2 yrs; up to \$200/yr routine eyewear allowance | \$0 Exams, \$0 Post Cataract Eyewear, \$0 every 2 yrs; up to \$150/yr routine eyewear allowance | \$0: Exams; up to \$100 eyewear allowance per 2 yr, \$0 post cateract surgery glasses | \$0 Exams; \$0 Post Cataract Eyewear; up to \$150/yr for eyewear including diabetic retinopathy and retinal imaging | \$0 exam; \$0 post cataract Eyewear; \$0 routine exam; up to \$355/yr routine eyewear allowance |
| Hearing Services | 40% + Medically necessary exams only no aides | \$0 Exams/yr, \$2,000 Hearing Aid Allowance every 2 yrs | \$0 Exams, \$1,600 Hearing Aid Allowance every 2 yrs | \$0 Exams; \$600 Hearing Aid Allowance every 3 yrs. | \$0 Exams, \$45 fitting exam; \$499-\$2,799/ear for American Hearing Benefits aid devices | \$0 Routine Exams, \$1,200/yr max for 2 aids |
| Diabetic training and supplies | 20% | \$0 Training, \$0 Shoes or Inserts, \$0 Supplies (covered brands) | \$0 Training, \$0 Shoes or Inserts, \$0 Supplies (covered brands) | \$0 training ,supplies & therapeutic shoes | \$0 | \$0 Training, \$0 shoes or inserts, \$0 Supplies |
| Dental Coverage | limited coverage | \$0 for Covered Services, \$1,000 limit | Generally Not Covered | \$0 copay: 2 Cleanings, 2 x- rays; 2 Exams | Not Covered | \$0 for 2 exams, x-rays, cleanings/yr; \$1,000/yr in preventive and comprehensive benefit |
| Over The Counter | | \$300/mo OTC card | | | Not Covered | \$130/mo OTC card |
| With full LIS | | \$0 | \$0 | \$0 | \$0 | \$0 |
| With full LIS & EPIC | | \$0 | \$0 | \$0 | \$0 | \$0 |
| Max Out Of Pocket | | \$6,700 | \$3,000 | \$3,400 | \$7,550 | \$6,700 |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | Independent Health Assure Advantage | Aetna Medicare Assure 1-833-859-6031 | | | |
|----------------------------|--|--|---|--|--|--|
| | | (HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses | (HMO D SNP) MA & QMB | | | |
| PREMIUMS | \$148.50 | \$55 | \$0 | | | |
| Deductible | \$203 | \$0 | \$0 | | | |
| PCP Visits | 20%** | \$0 | \$0 | | | |
| Wellness exam | \$0 | \$0 | \$0 | | | |
| Specialty Visits | 20%** | \$0-\$30 | \$0 | | | |
| Outpatient Mental Health | 40% | \$30 | \$0 | | | |
| Outpatient Substance Abuse | 20 | \$40 | \$0 | | | |
| Outpatient Surgery | 20% ** | \$300/\$350 | \$0 | | | |
| Emergency Care | 20% ** | \$90 | \$0 | | | |
| Urgent Care | 20% ** | \$65 | \$0 | | | |
| Ambulance Services | 20% ** | \$300 ground 20% for air | \$0 | | | |
| Durable Medical Equipment | 20% ** (must use supplier enrolled w/Medicare) | 20% | \$0 | | | |
| Prosthetic Devices | 20% ** | 20% | \$0 | | | |
| Diagnostic Radiology | 20% | \$200 | \$0 | | | |
| X Rays | 20% ** | \$20 | \$0 | | | |
| Lab Services | \$0 | \$0 labs; 20% genetic tests | \$0 | | | |
| Dialysis | 20% | \$30 | \$0 | | | |
| Radiation Therapy | 20% | 20% | \$0 | | | |
| Chiropractic Care | limited coverage 20% ** | \$20 | \$0 | | | |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | Independent Health Assure Advantage | Aetna Medicare Assure 1-833-859-6031 | | | |
|-------------------------------|---|--|---|--|--|--|
| | | (HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses | (HMO D SNP) MA & QMB | | | |
| PREMIUMS | \$148.50 | \$55 | \$0 | | | |
| Deductible | \$203 | \$0 | \$0 | | | |
| Transportation | Not Covered | \$0 (12) one-way trips/yr to plan approved places | \$0 | | | |
| Medically Necessary Foot Care | Limited Coverage 20%** | \$0 | \$0 | | | |
| Routine Foot Care | Not Covered | \$0 | \$0 | | | |
| P.T., O.T. and Speech Therapy | 20%** | \$20 | \$0 | | | |
| Inpatient Hospital | \$1,484 deductible | \$275/day for days 1-6; \$0/day for days 7+; \$1,925/yr Max | \$0 | | | |
| Inpatient Mental Health* | \$1,484 deductible | \$325/day for days 1-4; \$0/day for days 5+ | \$0 | | | |
| Skilled Nursing | \$0/day for day 1-20, 185.50/days for days 21-100 | \$0/day for days 1-20; \$184/day for days 21-100 | \$0 | | | |
| Home Health Care | \$0 | \$0 | \$0 | | | |
| Mamograms | \$0 | \$0 | \$0 | | | |
| Bone Mass | \$0 | \$0 | \$0 | | | |
| Colorectal Screening Exams | \$0 | \$0 | \$0 | | | |
| Flu, Pneumonia & Hepatitis B | \$0 | \$0 | \$0 | | | |

2021 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE | | Independent Health Assure Advantage | Aetna Medicare Assure 1-833-859-6031 | | | |
|--------------------------------|--|--|--|--|--|--|
| | | (HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses | (HMO D SNP) MA & QMB | | | |
| PREMIUMS | \$148.50 | \$55 | \$0 | | | |
| Deductible | \$203 | \$0 | | | | |
| Prescription Drugs | 0%-20% Part B covered only; NO PART D | Copays \$0/\$20/\$47/40%/33%; Tier 6:\$10 | Copays \$0/\$0/\$1.30/\$3.70/\$4.00/\$9.20; \$0 for Part B Drugs | | | |
| Vision Services | 20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics | \$0 Exams, \$0 Post Cataract eyewear; up to \$150/yr for eyewear, including diabetic retinopathy and retinal imaging | \$0 Exams; \$250/yr max eyewear allowance | | | |
| Hearing Services | 40% + Medically necessary exams only no aides | \$30 exam; \$45 hearing aid evaluation exam; \$699 or \$999 per ear for TruHearing aid devices | \$0 Exams; \$1,250/yr per aid for aids purchased from NationsHearing | | | |
| Diabetic training and supplies | 20% | \$0 | \$0 | | | |
| Dental Coverage | limited coverage | \$20/visit preventive; 2 cleanings, exams, and x-rays/yr; one full mouth x-rays every 3 yrs. | \$0 preventive/yr; up to \$1,000/yr for covered serices | | | |
| Over The Counter | | n/a | \$270/qtr. from CVS | | | |
| With full LIS | | \$18.40 | \$0 | | | |
| With full LIS & EPIC | | \$16.00 | \$0 | | | |
| Max Out Of Pocket | | \$6,700 | \$7,550 | | | |